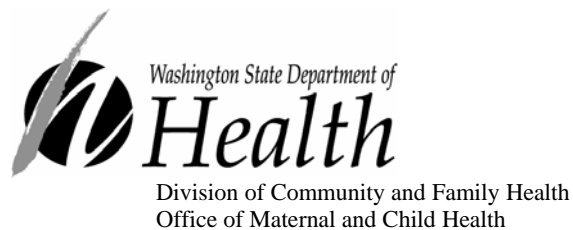


This report is a draft that is being approved by the Office of Financial Management.

Substitute House Bill 1951

Visual Screening of Children in Public Schools

December 2005



Substitute House Bill 1951

Visual Screening of Children in Public Schools

December 2005



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Executive Summary

The 59th Legislature enacted Substitute House Bill 1951, an act relating to vision exams for school-aged children in April 2005. In passing this act, the legislature recognized the importance of vision and the importance of vision screening to detect disorders that may significantly impact a child's life skills, including the ability to learn.

The legislation directs the Department of Health to convene a work group to "reevaluate visual screening of children in public schools and make any recommendations regarding changes to the rules." The legislation further directs the Department of Health to consult with Office of Superintendent of Public Instruction, the State Board of Health, the Optometric Physicians of Washington and the Washington Academy of Eye Physicians and Surgeons to develop recommendations.

The department formed an expert work group that includes members from each of the groups listed in the bill as well as other organizations recommended by stakeholders. The work group had its first meeting in September and will continue to meet monthly until March 2006.

In making recommendations to the State Board of Health and the legislature, the work group will consider the following:

- What are the most common vision disorders among school-aged children in Washington?
- What screening is available for these disorders?
- What screening tools are appropriate in a school setting?
- Should screening, complete eye exams, or both, take place in preschool through high school? What are the benefits and barriers of each?
- How can we increase parent involvement in providing for their children's eye exams?
- How do the current rules, and the screening required by these rules, address the common disorders seen in school-age children? What is missing?

A preliminary report is due to the legislature and the State Board of Health on December 1, 2005. Draft recommendations will be provided to stakeholder groups to gather input before the final recommendations are written and presented to the legislature and State Board of Health in December 2006.

Introduction

Vision disorders are the fourth most prevalent class of disability in the United States and the most prevalent handicapping conditions in childhood.¹ Normal visual development requires the brain to receive equally clear, focused images from both eyes simultaneously in order for visual pathways to develop properly. Vision screening and comprehensive eye examinations can detect conditions that may lead to permanent and irreversible visual deficit, or that may affect school performance. Early detection increases the likelihood for effective treatment and decreases the negative impact of these disorders.

Currently, there are three major approaches to identifying children with vision problems:

- School-based vision screening programs
- Community-based or office-based screening programs
- Comprehensive eye exams performed by an optometrist or ophthalmologist

As of July 2005, 31 states (including the District of Columbia) require vision screening for school-age children, but 29 of those states do not require that children who fail the screening receive an eye exam by an eye doctor (optometrist or ophthalmologist). Four states (Kentucky, Arkansas, Massachusetts and Ohio) have enacted laws or amended existing laws to increase the number of children who receive an eye exam by an eye doctor. Nineteen states do not require children to receive any preventive vision care before starting school or during the school years.² In July 2000, Kentucky became the only state that requires all children to receive an eye exam by an eye doctor prior to entry into elementary school.

Vision screening in Washington State is mandated, and is governed by RCW 28A.210.020 which states: “Every board of school directors shall have the power, and it shall be its duty to provide for and require screening for the visual and auditory acuity of all children attending schools in their districts to ascertain which if any of such children have defects sufficient to retard them in their studies.” The regulations regarding these screenings are identified in WAC 246-760-020 which requires screening to be conducted in grades K, one, two, three, five and seven or anytime a child shows signs of vision loss. In addition, if resources permit, schools may annually screen children in other grade levels.

One of the confounding factors in determining the benefits of vision screening versus comprehensive eye exams for school-age children is that there are

1 The Vision in Preschoolers Study Group: Comparison of Preschool Vision Screening Tests as Administered by Licensed Eye Care Professionals in the Vision in Preschoolers Study. *Ophthalmology* 111: 637-650, 2004

2 Making the Grade—An Analysis of State and Federal Children’s Vision Care Policy, Vision Council of America, July 2005

conflicting recommendations among health professionals about the best strategies to use to detect vision problems among large groups of children. The American Optometric Association and the American Public Health Association recommend comprehensive vision examinations for all children starting at six months of age and at regular intervals thereafter. The American Academy of Pediatrics and the American Academy of Ophthalmology support vision screenings for all children by age three and at regular intervals after that age.

In addition, there are differing opinions about what screening tools are most effective, who should be performing the screenings, what are the most cost effective tools to use in a school setting, who should assume the cost of referrals for comprehensive eye exams and at what age screening should begin.

While there are studies underway by the National Institute of Health and other health entities to address some of these issues, there currently is no sufficient body of research available to answer the many important questions that are critical to establishing good public policy.

The task ahead for the work group that is designated to develop final recommendations for the Legislature and the State Board of Health will be to address these issues systematically using evidenced-based and scientifically-based decision making whenever possible.

Description of Current RCW and WAC Provisions

RCW 28A.210.020

RCW 28A.210.020 of the Common School Provisions is the legal authority in Washington State for visual screening of school-age children. It states that every school board has the power and duty to provide for and require screening for visual acuity of all children attending school to determine if there are any “defects sufficient to retard their studies” in a learning environment. Each school board in the state establishes its own procedures in order to implement the rules. The Office of the Superintendent of Public Instruction is responsible for developing the screening forms which are maintained at every school or school district. Parent or guardian notification is required for children who have, or are suspected of having, reduced visual acuity in need of attention, including special education services.

WAC 246-760

The rules regarding RCW 28A.710.020 are under the authority of the State Board of Health. Chapter 246-760 WAC establishes the screening equipment

to be used, screening procedures, referral procedures and qualifications of personnel who provide the screening.

Screening is required:

- In kindergarten and grades one, two, three, five and seven; and
- For any child showing symptoms of possible loss in visual acuity who is referred by a parent, guardian or school staff

Schools are permitted to screen children annually at other grades as resources permit.

The screening equipment specified in the WAC is the Snellen (Snellen E or standard Snellen) test chart that screens for distance central visual acuity only. Other screening procedures equivalent to the Snellen test may be used only if approved by the State Board of Health. Visual screening procedures identified in the WAC include screening children who have corrective lenses with their glasses on, maintaining a record of the screening, and forwarding the results to another school if the student transfers.

Referral procedures for students include:

- re-screening any student within 2 weeks who had an acuity of 20/40 or less; and
- informing parent or guardian in writing if the second screening is failed; and informing them of the need for the child to receive professional care.

Qualifications for screening personnel are also identified. In general, screening must be performed by “persons competent to administer screening procedures as a function of their professional training and background or special training and demonstrated competence under supervision.” It is also specified that screening may not be performed by ophthalmologists, optometrists or opticians or any individuals who may have a conflict of interest.

Challenges and Limitations

While general screening procedures are identified, each school district is responsible for developing its own specific procedures according to the language specified in the RCW and WAC. School districts interpret the broad language in different ways so that there are no uniform standards of operation throughout the state.

Only one screening test is identified in the WAC, and it tests for distance visual acuity only. Other screening tools and screening for other visual deficits are not addressed in the WAC, and, therefore, not required.

The literature suggests that these other vision deficits may have significant impact on children if not detected at an early age.

The qualifications and training for screeners are not addressed in depth and vary widely among school districts which impacts the consistency of results and quality of screenings.

The lowest screening age identified in the WAC is kindergarten (age five to six years old). There is a broad body of evidence that now suggests screening should begin at least by age three years, if not earlier. Some school districts now serve preschool children as a part of special education or have integrated preschools in the district that are staffed in part through the school district. However, many more preschool-age children are not connected through a school system. Who has jurisdiction for preschool-age children and where these children can be found are complicated questions that are not addressed in the RCW or WAC.

While parent notification of a second failed screening is required, there is no consistent procedure among school districts to make certain parents follow through on the recommendation to seek professional care from a vision specialist.

Meeting the Legislative Requirements

Forming an Expert Work Group

An expert work group has been formed consisting of members representing:

- Office of Superintendent of Public Instruction (OSPI)
- State Board of Health (SBOH)
- Department of Health (DOH) Children with Special Health Care Needs Program
- Pediatric Ophthalmology
- Pediatric Optometry
- DOH Optometry Board
- DOH Medical Quality Assurance Commission (MQAC)
- School Nurse Organization of Washington (SNOW)
- Education Service District School Nurse Corps Supervisors (SNCS)

Representatives of the National Association of Pediatric Nurse Practitioners (NAPNP) and the Washington Chapter of the American Academy of Pediatrics (WCAAP) have been invited to participate.

The first meeting of the work group was held on September 23, 2005. A framework of questions and issues was developed to provide the parameters for future discussions. The group will meet monthly through March 2006, and

then may meet every other month or meet in smaller work groups to work on tasks that will be reported back to the larger group.

Work Group Accomplishments to Date

A literature review was completed and reviewed by the group before the October meeting. The documents include position statements, state and federal policies, research/surveys/studies, articles and guidelines. It represents the most current and comprehensive body of evidence regarding vision screening from a variety of sources.

The group identified the six most common vision disorders that are seen among school-aged children in Washington State. Three comprehensive documents were chosen to review for consistency of recommendations and best practices. They are:

- The National Institute of Health/National Eye Institute Vision in Preschoolers Study—a three phase study over a period of six years involving 1,400 preschoolers.
- To See or Not to See: Screening the Vision of Children in School—A comprehensive guideline published in July 2005 by the National Association of School Nurses (NASN). Reviewers included pediatric ophthalmologists, pediatric optometrists, school nurses and representatives from the U.S. Department of Education and U.S. Department of Health and Human Services.
- Guidelines for vision screening from Prevent Blindness America.

Guest speakers were also invited to provide information to the group concerning:

- How school screening works in practice in the real world (two school nurses).
- The jurisdictional boundaries and regulations for preschoolers (Healthy Child Care Washington, Department of Social and Health Services/Division of Childcare and Early Learning, Community, Trade and Economic Development/Early Childhood Education and Assistance Program).
- Regulations around the new Disabilities Education Improvement Act law and special education regulations (Karen Walker, OSPI).

The workgroup will continue to work through a format of framing questions to identify specific issues to discuss in preparation to develop recommendations to take forward to stakeholders.

Other Processes

A database of stakeholders including parents, school administrators, school staff, local school boards, educational service districts and private providers is being compiled. Once draft recommendations are formulated by the workgroup, input will be gathered from a broader stakeholder audience using a variety of media that may include email or web-based surveys, town hall meetings in three or four locations statewide or written commentary.

Additionally, an economic analyst will be brought in to develop a cost-benefit analysis of the final recommendations that will be put forward in the final report to the legislature and the State Board of Health.

Appendix A – Expert Work Group Members

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Appendix B – Timeline and Potential Activities

July - December 2005

July 2005

- Review work from 1999-2001 revision of Vision/Hearing Screening WAC
- Develop budget and spending plan
- Recruit for and develop expert work group

August 2005

- Finalize work group and send out invitations
- Establish first meeting date in September
- Complete literature review

September 2005

- 9/23 - Convene first meeting of the work group
- Develop draft of preliminary report to legislature
- Confirm speakers for the October meeting

October – November 2005

- 10/24 - Meeting of work group
- November - Briefing for Secretary of Health
- 11/28 - Meeting of work group
- Begin developing stakeholder database

December 2005

- 12/1/05 - Report to the legislature and State Board of Health
- 12/7/05 - Presentation to State Board of Health
- 12/12 - Meeting of work group
- Develop RFP and/or contracts for economic analysis and facilitator for stakeholder meetings

Appendix C – Summary of State and Federal Laws Regarding Vision Screening

RCW 28A.210.020

Visual and auditory screening of pupils -- Rules and regulations.

Every board of school directors shall have the power, and it shall be its duty to provide for and require screening for the visual and auditory acuity of all children attending schools in their districts to ascertain which if any of such children have defects sufficient to retard them in their studies. Auditory and visual screening shall be made in accordance with procedures and standards adopted by rule or regulation of the state board of health. Prior to the adoption or revision of such rules or regulations the state board of health shall seek the recommendations of the superintendent of public instruction regarding the administration of visual and auditory screening and the qualifications of persons competent to administer such screening.

[1971 c 32 § 2; 1969 ex.s. c 223 § [28A.31.030](#). Prior: 1941 c 202 § 1; Rem. Supp. 1941 § 4689-1. Formerly RCW [28A.31.030](#), [28.31.030](#).]

RCW 28A.210.030

Visual and auditory screening of pupils -- Record of screening -- Forwarding of records, recommendations and data.

The person or persons completing the screening prescribed in RCW [28A.210.020](#) shall promptly prepare a record of the screening of each child found to have, or suspected of having, reduced visual and/or auditory acuity in need of attention, including the special education services provided by RCW [28A.155.010](#) through [28A.155.100](#), and send copies of such records and recommendations to the parents or guardians of such children and shall deliver the original records to the appropriate school official who shall preserve such records and forward to the superintendent of public instruction and the secretary of health visual and auditory data as requested by such officials.

[1991 c 3 § 289; 1990 c 33 § 188; 1971 c 32 § 3; 1969 ex.s. c 223 § [28A.31.040](#). Prior: 1941 c 202 § 2; Rem. Supp. 1941 § 4689-2. Formerly RCW [28A.31.040](#), [28.31.040](#).]

RCW 28A.210.040

Visual and auditory screening of pupils -- Rules and regulations, forms used in screenings, distribution.

The superintendent of public instruction shall print and distribute to appropriate school officials the rules and regulations adopted by the state board of health pursuant to RCW [28A.210.020](#) and the recommended records and forms to be used in making and reporting such screenings.

[1990 c 33 § 189; 1973 c 46 § 1. Prior: 1971 c 48 § 12; 1971 c 32 § 4; 1969 ex.s. c 223 § [28A.31.050](#); prior: 1941 c 202 § 3; RRS § 4689-3. Formerly RCW [28A.31.050](#), [28.31.050](#).]

NOTES:

Severability -- 1973 c 46: "If any provision of this 1973 amendatory act, or its application to any person or circumstance is held invalid, the remainder of the act, or the application of the provision to other persons or circumstances is not affected."
[1973 c 46 § 5.]

Severability -- 1971 c 48: See note following RCW [28A.310.250](#).

Chapter 246-760 WAC AUDITORY AND VISUAL STANDARDS -- SCHOOL DISTRICTS

246-760-001 What is the purpose of these rules?

AUDITORY ACUITY STANDARDS

246-760-020 How frequently must schools screen children?

246-760-030 What are the auditory acuity screening standards for screening equipment and procedures?

246-760-040 What are the procedures for auditory acuity screening?

246-760-050 What are the auditory acuity screening referral procedures?

246-760-060 What are the auditory acuity screening qualifications for personnel?

VISUAL ACUITY STANDARDS

246-760-070 What visual acuity screening equipment must be used?

246-760-080 What are the visual acuity screening procedures?

246-760-090 What are the visual acuity screening referral procedures?

246-760-100 What are the qualifications for visual screening personnel?

WAC 246-760-001 What is the purpose of these rules? These rules implement chapter 32, Laws of 1971. Under this chapter, each board of school directors in the state shall provide for and require screening of the auditory and visual acuity of children attending schools in their districts to determine if any children have defects sufficient to retard them in their studies. Each board of school directors shall establish procedures to implement these rules.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-001, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050 and 28A.210.020. 92-02-019 (Order 225B), § 246-760-001, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-001, filed 12/27/90, effective 1/31/91; Order 63, § 248-144-010 (codified as WAC 248-

148-010), filed 11/1/71.]

AUDITORY ACUITY STANDARDS

WAC 246-760-020 How frequently must schools screen children? Schools shall conduct auditory and visual screening of children:

- (1) In kindergarten and grades one, two, three, five, and seven; and
- (2) For any child showing symptoms of possible loss in auditory or visual acuity referred to the district by parents, guardians, or school staff.
- (3) If resources permit, schools shall annually screen children at other grade levels.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-020, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-021, filed 10/26/87.]

WAC 246-760-030 What are the auditory acuity screening standards for screening equipment and procedures? (1) Schools shall use auditory screening equipment providing tonal stimuli at frequencies at one thousand, two thousand, and four thousand herz (Hz) at hearing levels of twenty decibels (dB), as measured at the earphones, in reference to American National Standards Institute (ANSI) 1996 standards.

- (2) Qualified persons will check the calibration of frequencies and intensity at least every twelve months, at the earphones, using equipment designed for audiometer calibration.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-030, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-031, filed 10/26/87.]

WAC 246-760-040 What are the procedures for auditory acuity screening? (1) Schools shall screen all children referenced in WAC [246-760-020](#) on an individual basis at one thousand, two thousand, and four thousand Hz.

- (2) The screener shall:
 - (a) Present each of the tonal stimuli at a hearing level of twenty dB based on the ANSI 1996 standards;
 - (b) Conduct screenings in an environment free of extraneous noise;
 - (c) If at all possible, complete screening within the first semester of each school year;

(d) Place the results of screenings, any referrals, and referral results in each student's health and/or school record; and

(e) Forward the results to the student's new school if the student transfers.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-040, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050 and 28A.210.020. 92-02-019 (Order 225B), § 246-760-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-035, filed 10/26/87.]

WAC 246-760-050 What are the auditory acuity screening referral procedures? (1) If a child does not respond to one or more frequencies in either ear:

(a) The school must rescreen the child within six weeks; and

(b) Notify their teachers of the need for preferential positioning in class because of the possibility of decreased hearing; and

(c) Notify the parents or legal guardian of the need for audiological evaluation if the student fails the second screening.

(2) Schools shall notify parents or legal guardian of the need for medical evaluation if:

(a) Indicated by audiological evaluation; or

(b) Audiological evaluation is not available.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-050, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-091, filed 10/26/87.]

WAC 246-760-060 What are the auditory acuity screening qualifications for personnel? Each school district shall designate a district audiologist or district staff member having:

(1) Responsibility for administering the auditory screening program; and

(2) Training and experience to:

(a) Develop an administrative plan for conducting auditory screening in cooperation with the appropriate school personnel to ensure the program is carried out efficiently and effectively;

(b) Obtain the necessary instrumentation for carrying out the screening program, and ensuring the equipment is in proper working order and calibration; and

(c) Secure appropriate personnel for carrying out the screening program, if

assistance is necessary, and for assuring these personnel are sufficiently trained to:

(i) Understand the purposes and regulations involved in the auditory screening programs; and

(ii) Utilize the screening equipment to ensure maximum accuracy;

(d) Ensure records are made and distributed as appropriate; and

(e) Disseminate information to other school personnel familiarizing them with aspects of a child's behavior indicating the need for referral for auditory screening.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-060, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-101, filed 10/26/87.]

VISUAL ACUITY STANDARDS

WAC 246-760-070 What visual acuity screening equipment must be used? Personnel conducting the screening must use a Snellen test chart for screening for distance central vision acuity. Either the Snellen E chart or the standard Snellen distance acuity chart may be used as appropriate to the child's age and abilities. The test chart must be properly illuminated and glare free.

Other screening procedures equivalent to the Snellen test may be used only if approved by the state board of health.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-070, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-121, filed 10/26/87.]

WAC 246-760-080 What are the visual acuity screening procedures? (1)

Schools shall:

(a) Screen children with corrective lenses for distance viewing with their corrective lenses on;

(b) Place the results of screening, any referrals, and referral results in each student's health and/or school record; and

(c) Forward the results to the student's new school if the student transfers.

(2) If school personnel observe a child with other signs or symptoms related to eye problems and if the signs or symptoms negatively influence the child in his or her studies, school personnel shall refer the child to the parents or guardians for professional care.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-080, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-123, filed 10/26/87.]

WAC 246-760-090 What are the visual acuity screening referral

procedures? Schools shall rescreen students having a visual acuity of 20/40 or less in either eye as determined by the Snellen test or its approved equivalent within two weeks or as soon as possible after the original screening. Failure is indicated by the inability to identify the majority of letters or symbols on the thirty foot line of the test chart at a distance of twenty feet.

Schools shall inform parents or guardians of students failing the second screening, in writing, of the need and importance for the child to receive professional care.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-090, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-131, filed 10/26/87.]

WAC 246-760-100 What are the qualifications for visual screening

personnel? (1) Screening must be performed by persons competent to administer screening procedures as a function of their professional training and background or special training and demonstrated competence under supervision.

(2) Technicians and nonprofessional volunteers must have adequate preparation and thorough understanding of the tests as demonstrated by their performance under supervision.

(3) Supervision, training, reporting and referral shall be the responsibility of a professional person specifically designated by the school administration. He or she may be a school nurse or public health nurse, a special educator,

teacher or administrator who possesses basic knowledge of the objectives and methods of visual acuity screening, supervisory experience and ability, demonstrated ability to teach others and demonstrated capacity to work well with people.

(4) Screening may not be performed by ophthalmologists, optometrists, or opticians or any individuals who may have a conflict of interest.

[Statutory Authority: RCW 28A.210.200. 02-20-079, § 246-760-100, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-100, filed 12/27/90, effective 1/31/91; Order 63, § 248-144-150 (codified as WAC 248-148-150), filed 11/1/71.]

Appendix D – SHB 1951

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1951

Chapter 379, Laws of 2005

59th Legislature
2005 Regular Session

PUBLIC SCHOOLS--VISION TESTING

EFFECTIVE DATE: 7/24/05

Passed by the House April 18, 2005
Yeas 94 Nays 1

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 6, 2005
Yeas 48 Nays 0

BRAD OWEN

President of the Senate

Approved May 10, 2005.

CERTIFICATE

I, Richard Nafziger, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1951** as passed by the House of Representatives and the Senate on the dates hereon set forth.

RICHARD NAFZIGER

Chief Clerk

FILED
May 10, 2005 - 9:59 a.m.

CHRISTINE GREGOIRE

Governor of the State of Washington

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 1951

AS AMENDED BY THE SENATE

Passed Legislature - 2005 Regular Session

State of Washington 59th Legislature 2005 Regular Session

By House Committee on Education (originally sponsored by Representatives Quall, Talcott, Haler, Morrell, Campbell, O'Brien, Hankins, Kagi and McDermott)

READ FIRST TIME 03/07/05.

AN ACT Relating to vision exams for school-aged children; and creating new sections.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1 The legislature finds that:

- (1) Vision is one of the primary senses used in the early learning process;
- (2) Vision problems affecting preschool and school-age children can impact a child's ability to learn;
- (3) Economically disadvantaged children have less access to health care and therefore, may have a proportionally greater likelihood of having undiagnosed vision problems that may affect their ability to learn;
- (4) Vision problems in young children can be misinterpreted as neurodevelopmental delay or as learning disabilities; and
- (5) Current screening for visual acuity at distance is insufficient to detect all vision defects.

NEW SECTION. Sec. 2 (1) The department of health shall convene a work group to reevaluate visual screening of children in public schools and make any recommendations regarding changes to the rules. In developing its recommendations, the work group shall, at a minimum:

- (a) Consider the benefits of complete eye exams on public school children;
 - (b) Consider when visual screening, complete eye exams, or both should take place in preschool or kindergarten through high school in order to ensure children are best prepared for the learning environment; and
 - (c) Consider what screening techniques would be appropriate in a school setting.
- (2) In developing the recommendations, the department of health shall consult with the office of the superintendent of public instruction, the state board of health, the optometric physicians of Washington, and the Washington academy of eye physicians and surgeons.
- (3) The work group shall make a preliminary report to the legislature and the state board of health by December 1, 2005. The work group shall make final recommendations to the legislature and to the state board of health by December 1, 2006.
- (4) If specific funding for this act is not referenced by bill or chapter number in the biennial omnibus appropriations act by June 30, 2005, this act is null and void.

Passed by the House April 18, 2005.
Passed by the Senate April 6, 2005.
Approved by the Governor May 10, 2005.
Filed in Office of Secretary of State May 10, 2005.